

Case Number:	CM14-0037952		
Date Assigned:	07/28/2014	Date of Injury:	12/07/2012
Decision Date:	08/29/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/01/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Pennsylvania. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 61-year-old female who sustained a vocational injury on December 7, 2012, while working as a bus driver. The report of an MRI of the right knee dated March 1, 2013 identified attenuation and oblique longitudinal tearing of the medial meniscus posterior horn to the body with more severe attenuation with possible tearing and partial detachment, stripping of the posterior root. The remaining meniscus was peripherally medially positioned or extruded with relative uncovering of the weight bearing aspect of the medial compartment. There was extensive chondral thinning and fissuring to the bone on the weight bearing aspect of the medial femoral condyle and tibial plateau with subchondral bone sclerosis and slight flattening and pitting and with prominent bone edema, which could be stress related. The areas of developing stress could also indicate insufficiency, fracture, or secondary osteonecrosis. Moderate effusion was noted. There was synovitis and debris and possible chondral or other bodies. There was a plica and posteromedial popliteal cyst appreciated. X-rays of the right knee from March 6, 2014 showed right knee moderate tricompartmental osteoarthritis changes with bone spurs and subchondral sclerosis. The report of the office visit dated July 10, 2014 noted bilateral knee pain, right greater than left. Kera-Tek analgesic gel decreased her pain moderately and Naprosyn provided relief of symptoms. The office note documented that the claimant was 5 feet, 8 inches tall and weighed 212 pounds which would give her a BMI of approximately 32. Examination of the bilateral knees revealed decreased range of motion, right greater than left. There was tenderness over the medial and lateral joint lines. She had positive varus, valgus, and McMurray's test bilaterally with positive patellofemoral grind bilaterally. Strength was noted to be 4/5 in the quadriceps. The claimant's working diagnosis bilateral knee posttraumatic arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Right Total Knee Arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines Knee Chapter - Indications for SURgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee & Leg chapter.

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. Based on the Official Disability Guidelines (ODG), the proposed surgery for right total knee arthroplasty cannot be recommended as medically necessary. Currently there is a lack of documentation suggesting that the claimant has a limited range of motion and nighttime pain which are considered necessary by ODG prior to considering surgical intervention in the form of total knee arthroplasty. Therefore, based on the documentation presented for review and in accordance with the Official Disability Guidelines, the request for the right total knee arthroplasty cannot be considered medically necessary.

Post Op Physical Therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guideline Post Surgical treatment physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Polar Care Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines Knee Chapter Continuous flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Front Wheeled Walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Knee Chapter Walking aides.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

CPM Machine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guideline Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre Operative consult with Internist due to high Blood Pressure: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.